

FACILITY NAME: _____

DATE RECEIVED: _____

DATE DUE (10 WORKING DAYS AFTER RECEIPT): _____

PERMIT BY RULE CHECKLIST

Materials Recovery Facilities (9 VAC 20-80-10 *et seq*)

A. Notifies the Director and provides proper documentation [9 VAC 20-80-500.B.]

1. Notice of Intent [9 VAC 20-80-500.B.1.]*

Provided Y/N _____

Complete Y/N _____

Location: _____

Comments/Deficiencies: _____

(Note: Area and site location maps, as well as any design plans for the facility must be submitted for review and approval by the Department.

(* A submission required by 9 VAC 20-80-480.E.2.a.)

2. Disclosure Statement [Appendix 7.1, 9 VAV 20-80-500.B.2.]*

Provided Y/N _____

Complete Y/N _____

Location: _____

Comments/Deficiencies: _____

(* A submission required by 9 VAC 20-80-480.E.2.a.)

3. Local Government Certification [Appendix 7.2, 9 VAC 20-80-500.B.3]*

Provided Y/N _____

Complete Y/N _____

Location: _____

Comments/Deficiencies: _____

(* A submission required by 9 VAC 20-80-480.E.2.a.)

B. Certification for Siting Standards [9 VAC 20-80-260.B.]

Provided Y/N _____

Complete Y/N _____

Location: _____

Comments/Deficiencies: _____

(* A submission required by 9 VAC 20-80-480.E.2.b.)

C. A certificate signed by a registered professional engineer that the facility meets the design and construction standards [9 VAC 20-80-260.C]

Provided Y/N _____

Complete Y/N _____

Location: _____
Comments/Deficiencies: _____

(* A submission required by 9 VAC 20-80-480.E.2.c.)

D. Operational Plan [9 VAC 20-80-360.D]

Provided Y/N _____

Complete Y/N _____

Location: _____

Comments/Deficiencies: _____

(Note: Waste supply analysis plan required by 9 VAC 20-80-360.D.2.)

(Note: Must address provisions for disposal of leachate and washwater.)

(Note: Minimum Class I Operator Certification required.)

(* A submission required by 9 VAC 20-80-480.E.2.d)

E. Closure Plan [9 VAC 20-80-360.E.]

Provided Y/N _____

Complete Y/N _____

Location: _____

Comments/Deficiencies: _____

(* A submission required by 9 VAC 20-80-480.E.2.e.)

F. Financial Assurance [9 VAC 20-70-10 *et seq*]

Provided Y/N _____

Complete Y/N _____

Location: _____

Comments/Deficiencies: _____

(* A submission required by 9 VAC 20-80-480.E.2.f.)

G. Results of Public Participation Effort [(VAC 20-80-480.E.5.)

Provided Y/N _____

Complete Y/N _____

Location: _____

Comments/Deficiencies: _____

(* A submission required by 9 VAC 20-80-480.E.2.g.)